

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09781273

FILING DATE

02-17-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3		2		2			53						
4		1		1			54						
5			1				55						
6			1				56						
7				1			57						
8				1			58						
9				1			59						
10			1				60						
11			1				61						
12				1			62						
13				1			63						
14				1			64						
15			1				65						
16				1			66						
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18				1			68						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		8				TOTAL IND.						
TOTAL DEP.	3		12				TOTAL DEP.						
TOTAL CLAIMS	5		20				TOTAL CLAIMS						

BEST AVAILABLE COPY